

~~Wapnare~~

# X-Ray Requisition and Report.

Name of Hospital/Infirmary <i>Draper</i>	Date of Request <i>01/09/03</i>	Requested By <i>B. Helms expt</i>	Patient Status <input type="radio"/> Inpatient <input checked="" type="radio"/> Outpatient
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Examination Requested

*X-Ray (L) Knee*

Physical Diagnosis

Ray Number	Date of X-Ray <i>1-13-03</i>	Date of PPD Skin Test <i>12/20/02 - PHA</i>
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## Report of Findings

HAMPTON, RANDALL ID# 226420.

LEFT KNEE 01/13/03

FINDINGS: NORMAL RADIOGRAPHIC APPEARANCE OF THE LEFT KNEE.

RP

W. BEN ABBOTT, M.D.

*WBA*

*1-31-03*

*4*

*WBA*

M.D.

Physician's Signature

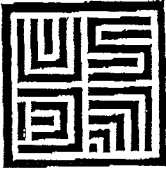
Patient's Last Name <i>Hampton</i>	First <i>Randall</i>	Middle	Date of Birth <i>10/15/83</i>	R/S <i>Bm</i>	ID Number <i>226420</i>
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X-Ray Requisition and Report

NC089

DEFENDANT'S  
EXHIBIT

*E*



# Advanced Medical Imaging Center

US Diagnostic, Inc.

MARC SONNIER, MD 02-07-03  
PO BOX 56  
ELMORE, AL 36025

RE: HAMPTON, RANDALL  
DOB: 10-15-83  
PATIENT NO: 64532  
EXAM: CT BRAIN 02-06-03  
REASON FOR EXAM: FALLING & HITTING HEAD

## CT BRAIN:

The patient refused intravenous contrast.

The ventricles are normal in size without midline shift. There are no areas of hemorrhage or mass. The visualized portions of the mastoid and paranasal sinuses are clear.

## IMPRESSION:

1. Patient refused intravenous contrast.
2. Normal study.

EP VINING, MD

EPV/lgh

file  
ms  
2/7/03

## X-RAY REQUISITION AND REPORT

NAME OF FACILITY <i>Bulloch</i>	DATE OF REQUEST <i>2/13/03</i>	REQUESTED BY <i>DR. Siddig</i>	PATIENT STATUS
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## EXAMINATION REQUESTED

*X-ray L-spine  
C-spine*

## CLINICAL DIAGNOSIS

X-RAY NUMBER	DATE OF X-RAY <i>3.18.03</i>	DATE OF PPD SKIN TEST	
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## REPORT OF FINDINGS

HAMPTON, RANDALL ID 226420

LUMBAR SPINE TWO VIEWS 03/18/03

**NORMAL INCLUDING NO MALALIGNMENT OR FRACTURE OR DEGENERATIVE DISEASE.**

CERVICAL SPINE THREE VIEWS 03/18/03

NO MALALIGNMENT OR FRACTURE, DEGENERATIVE DISEASE, OR SOFT TISSUE SWELLING IDENTIFIED.

**OPINION: NEGATIVE CERVICAL SPINE.**

S. LOVELESS, M.D./rp

*SL*

SIGNATURE

Patients Last Name	First	Middle	Date of Birth	R/S	ID NUMBER
<i>Hampton</i>	<i>Randall</i>		<i>10-15-83</i>	<i>Bm</i>	<i>226420</i>

*[Signature]*  
*3/18/03*

4-32  
LUMBAR SPINE TWO VIEWS 03/18/03


1-23  
NORMAL INCLUDING NO MALALIGNMENT OR FRACTURE OR  
DEGENERATIVE DISEASE.

CERVICAL SPINE THREE VIEWS 03/18/03

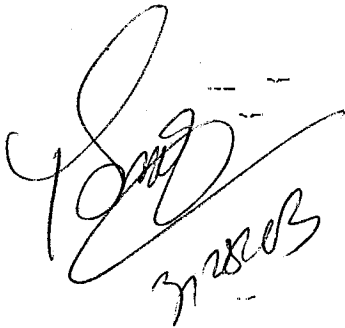
NO MALALIGNMENT OR FRACTURE, DEGENERATIVE DISEASE, OR SOFT  
TISSUE SWELLING IDENTIFIED.

OPINION: NEGATIVE CERVICAL SPINE.

S. LOVELESS, M.D./rp

  
\_\_\_\_\_  
SIGNATURE

Patients Last Name	First	Middle	Date of Birth	R/S	ID NUMBER
Khompson	Randall		10-15-83	Bm	226420

  
3/28/03

6-6

17-

6-4

Please Print

3/30/04

CORRECTIONAL FACILITY:

Bullock Co. Corr. Facility

DATE: 3-24-04

## Patient Information

INMATE NAME:

Haughton

Randall

Inmate Type

Please Circle Type:

City

Federal

County

INS / Alien

State

US Marshall

DOB: 10-15-83

SEX:

M

F

SS#

ALIEN #

226420

## Exam

Please Mark Each Exam Requested

## Diagnosis/Symptom

Please Mark ALL That Apply

74000	Abdomen, 1 View		
73600	Ankle, 2 Views (AP & LAT)	L	R
73610	Ankle, Comp Min 3 Views	L	R
71010	Chest, 1 View (AP)		
71111	Chest w/Ribs, 4 Views		
73000	Clavicle, Complete	L	R
73070	Elbow, 2 Views	L	R
73080	Elbow, Comp 3 Views	L	R
73550	Femur, 2 Views	L	R
73620	Foot, 2 Views	L	R
73630	Foot, Comp Min 3 Views	L	R
73090	Forearm, 2 Views	L	R
73120	Hand, 2 Views	L	R
73130	Hand, Min 3 Views	L	R
73520	Hip, Min 2 Views w/Pelvis	L	R
73510	Hip, Comp Min 2 Views	L	R
73060	Humerous, Min 2 Views	L	R
73560	Knee, 2 Views	L	R
73562	Knee, 3 Views (inc OBLQ)	L	R
70160	Nasal Bones, Comp Min 3 Views		
72170	Pelvis, 1 View		
71100	Ribs, 2 Views	L	R
72220	Sacrum/Coccyx, Min 2 Views		
73030	Shoulder, Min 2 Views	L	R
70210	Sinuses, Less Than 3 Views		
70250	Skull, Less Than 4 Views		
72040	Spine, Cervical 2 Views		
72100	Spine, Lumbosacral 2 Views		
72070	Spine, Thoracic 2 Views		
73590	Tibia/Fibula 2 Views	L	R
73100	Wrist, 2 Views	L	R
73110	Wrist, Min 3 Views	L	R
	Other:	L	R
	Other:	L	R
	Other:	L	R
	Other:	L	R
	Other:	L	R

787.3	Abdomen Distention (Flatulence)
787.5	Abnormal Bowel Sounds
413.0	Angina
429.2	ASCVD, Arteriosclerotic Cardiovascular Disease
427.31	Atrial Fibrillation
427.89	Bradycardia
	Bruise of
466.0	Bronchitis, NOS
429.3	Chest Pain, Unspecified
514	Congestion, Chest
428.0	CHF, Congestive Heart Failure
496	COPD, Chronic Obstructive Pulmonary Disease
786.2	Coughing
436	CVA, Cerebrovascular Accident
	Dislocation of
782.3	Edema (Swelling)
492.0	Emphysema
780.6	Febrile (Feverish)
	Possible Fracture of
401.9	Hypertension
518.3	Infiltrate, Lung
410.92	Myocardial Infarction
787.01	Nausea and Vomiting
560.9	Obstruction, Intestinal
	Pain in
485	Pneumonia, Confirmed
514	Pneumonia, Probable
795.5	Positive Mantoux, PPD
518.4	Pulmonary Edema, NOS
786.7	Rales in Chest
786.09	Shortness of Breath
785.0	Tachycardia
	Trauma in
465.9	URI (Acute)
519.8	URI (Chronic)
	Other:
	Other:

## For Technician Use Only

X-ray #: Arrival Time: AM PM  
 Tech: Depart Time: AM PM  
 Date: # Views: # PT Seen:

Ordering Physician:

Nurse's Signature:

Radiologist:

He signed  
 refusal form  
 (DB)  
 3/30/04

## Radiology Services Report

NAME: HAMPTON, RANDALL  
FACILITY: BCCF  
D.O.B.: 10/15/83  
ID NUMBER: 226420

SKULL TWO VIEWS 05/6/04

FINDINGS: The skull is normal. No fracture, bone lesion, or unusual calcification. The sella turcica is normal. There is no evidence of any previous craniotomy or metal plate.

IMPRESSION: Netative skull series.

Scott Loveless, M.D.



(MON) AUG 16 2004

25/ST. 15:15/NO. 6312281782 P 4

HCX

HEALTH CARE CORRECTIONS

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION BullardName: Hampton, KandallState ID No: 226420

DOB: \_\_\_\_\_

Race: \_\_\_\_\_

Sex: \_\_\_\_\_

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting physician/PA/NP	Date of request	Time of request	Routine	Priority	Transportation or special needs

HISTORY/DIAGNOSIS:

## X-RAY REQUEST

ACRONYM/ALIAS	PHYSICIAN	ANATOMICAL VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (TRAPPEZIOCLAVICULAR)	FOOT	CRANIAL	STERNUM
ANKLE	HAND	OCALUS (HRL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	MANUBRIUM	RACIOMANUBRIUM	TRAPPEZIOCLAVICULAR
COCCYX	NECK	SCAPULA	TRAPPEZIOCLAVICULAR
CONE BEAM CT BILATERAL TEMPORO-MANDIBULAR JOINTS	LUMBAR SPINE	SACRO-ILLIAC JOINTS	TRAPPEZIOCLAVICULAR
ELBOW	MANUBRIUM	SCAPULA	TRAPPEZIOCLAVICULAR
FACIAL BONES	MANUBRIUM	SCAPULA	TRAPPEZIOCLAVICULAR
FEMUR	MANUBRIUM	SCAPULA	TRAPPEZIOCLAVICULAR

## REPORT

Hampton

LEFT ELBOW: The examination shows no evidence of recent fracture or other significant bony abnormality.

IMPRESSION: NEGATIVE STUDY.

D: &amp; T: 08-16-04 Thomas J. Payne, III, M.D./jhi Board Certified Radiologist (Signature on file)

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

8/19/04

Hampton, Randall